

# The Visiting Nurse Quarterly of Cleveland

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## Editorials

### I.

The discussion which we publish in this number of the Quarterly concerning the best kind of uniform and bag for nurses who go from house to house in their care of the tuberculous poor, shows the many sidedness of the question. The opinions which we are able to record should form a valuable contribution to the subject as a whole, for what holds true of a fitting equipment for the special nurse holds true in many respects also for that of the general itinerant nurse. Best of all, these opinions are founded upon practical experiment and therefore represent practice instead of theory. They embody actual experience in several different sections of the country and seem to prove that there are

sound reasons for and against uniforms, especially in the case of the tuberculosis nurse. According to one view the patient feels unnecessarily advertised in his neighborhood when a uniformed nurse goes in and out of his house; according to another view the patient has a greater feeling of confidence in a visitor who can be seen to belong to a group whose traditions of skill and mercy stretch far back of the first real training school and whose group aspect awakens an emotional response in the hearts of very many people.

According to one trend of ideas the uniform represents a standard with the added strength and authority which numbers give to individual effort; according to another viewpoint the friend and teacher are best discerned when not set apart as belonging to associational or institutional well-doing. Just to be "plain human" and to act the part faithfully seems to some to be the ideal.

But to get away altogether from the professional aspects of the question or even the practical aspects—such as the unnecessary fatigue involved in carrying a bag over a long distance where only a small fraction of patients visited need any considerable part of its contents—we would like to say one word in support of the aesthetic value of the uniform. If you have ever looked carefully at people as you pass them in numbers on the street you will realize that only the chosen few look attractive in their street garments. The vast majority are nondescript and unlovely to look upon. The men look far more sightly than the women because in a measure they have adopted a uniform which preserves them from the freaks and whimsicalities of changing shape and cut. Michael Angelo, so we are told, designed many of the ecclesiastical garments of the Roman Catholic church and its orders. One is unaware of the cause of the restfulness and repose which one feels in the presence of great lines and a good design. Nevertheless this effect is too important to be disregarded.

The uniform carries with it in another sense that rest-

fulness which accompanies a thing which is carefully adjusted to the end it serves. There can be such a thing as ethics in clothing and in some professions this is recognized. Clergymen of the Episcopal church, for instance, dress as clergymen even when they appear at purely social functions and we have often thought that it would be a far better thing for physicians if some special attire could be adopted by them also for similar occasions. It complicates a physician's work very much if he must call upon sick persons immediately before or after some social function at which he has been obliged to appear in evening dress.

It seems to us that there will always be those who will hold for the external manifestations of skill and authority, and that there will be others who will consider all such manifestations as barriers between individual and individual. If a prescribed uniform for nurses is relegated to the scrap heap which falls heir to so many things that are adjudged unfit for the life of today, we hope that nurses will prescribe for themselves garments and hats whose dignity, soberness and tranquility of line will stand the strain of hurried toilets, windy days and wear and tear of hard usage. From our own individual viewpoint we must still see the uniform as a refuge, as a relief from thinking about the cut, color and texture of the day's working costume, and as a protection in all places where the nurse's name is synonymous with that of counselor and friend. However, we also understand the other side, and at moments even have an uneasy yearning toward the promptings of that instinct which warns us to let no barrier come between human beings—not even the barrier of an accepted dress which in a measure sets one apart.

Perhaps the definition of the difference between the realist and the idealist will help us to see the matter more clearly. The realist being one who sees things as they are and the idealist one who sees things as they ought to be. May we say that the standard of the realist seems to us to

require the uniform, and that the idealist must patiently bide her time just a little longer.

## II.

With the January number "The Visiting Nurse Quarterly" enters into a wider sphere of influence as the official organ of the National Association of Public Health Nursing.

We hope that all our friends will remain with us and that the added strength and backing which the Quarterly will receive by becoming the property of the national organization will show itself in a steady growth of the subscription list.

We have been asked to announce that all persons who become members of the National Organization for Public Health nursing before January 1, 1913, will be considered charter members of the organization.

The terms and qualities of such membership are described in full in the July number of the Quarterly.

## One Year of Progress in Ohio

By ROBERT G. PATERSON, PH. D.

Executive Secretary of the Ohio Society for the Prevention  
of Tuberculosis.

Last year in discussing tuberculosis as a state problem in the October number of the Visiting Nurse Quarterly, we stated in conclusion that:

"The State Society will institute a vigorous campaign to teach the people generally, the nature and symptoms of tuberculosis; to strongly urge upon the medical profession the necessity for reporting cases of tuberculosis to the Board of Health (The state does not require compulsory notification of tuberculosis); to place before the people in every city and considerable village in the state, the need for free dispensaries, at which any person can secure an expert and thorough diagnosis of his condition and adequate instructions as to what he must do; to show the necessity for visiting nurses to visit the patients in their homes and instruct them, not once, but many times, in the protection of their households; to bring the proper officials to see the absolute need of hospitals—municipal, county and district."

This was a statement of our intentions. A year has passed since that statement was made and now it becomes incumbent upon us to measure the performance with the promise.

### **Educational Efforts**

As one method of following up the educational campaign that naturally accompanies the sale of the Red Cross Seals, we urged our Red Cross Seal Agents to make a beginning toward establishing a State Health Day in the public and private schools. February 29th was selected and

the plan was carried into effect with good results in about twenty cities.

Our most important single piece of work during the year was done in connection with a survey of the tuberculosis situation in the state. The purpose of the survey was to enable us to gain an accurate understanding of just what our equipment was for fighting the disease. We have constructed our program as to what is needed to make our campaign effective in every respect upon this survey as the foundation. The State Board of Health co-operated with us by printing five thousand copies of the results of the investigation. These are in our hands for free distribution upon request.

Obviously, the newspaper must be our main reliance in reaching all classes of people with the information which we wish to impart. Each week a news bulletin issued either by the National Association or the State Society is sent to three hundred newspapers scattered over the entire state. Our clipping service indicates that most of these papers regularly print our articles. In addition to the bulletins, we have issued two full pages of educational matter. The first page containing thirty-one articles, was cast in plate form by the American Press Association and was entitled "The Great White Plague." The second page was contracted for with the Western Newspaper Union and bears the title "Ohio's Fight Against Tuberculosis." All of these articles are printed in accordance with the terms of the contract entered into by the newspapers and our society. In addition to the papers, we are in constant touch with seventeen special periodicals in the state for which we write special articles about our work.

Free illustrated lectures have been given in about fifty cities in the state. We have a complete stereoptican equipment with some five hundred slides. A list of these slides showing the purpose of each one has been prepared and a copy will be sent to anyone in the state upon request.

Printing and distributing leaflets, pamphlets and book

bearing on the various phases of the tuberculosis campaign has been an important feature of our work. Our stock of 20,000 covers fifteen styles of pamphlets. During the year we have distributed over fifty thousand pieces of literature.

The educational features of the work being done by the State Visiting Nurse will be found elsewhere in this number. This particular piece of work is comparatively new and is of such value that it demands separate mention.

Finally, our latest educational effort has involved close co-operation with the State Commissioner of Common Schools. Through him, our Society secured a supply of 20,000 posters. These are printed on cardboard 14 x 22 in two colors, red and black. The title of the poster is known as "Don't" and its purpose is to teach the school children in the state the simple facts about tuberculosis. A poster will be placed on the wall of every school-room in the state. The cost of distributing the entire supply of posters has been born by our society.

### **Notification of Tuberculosis**

Our educational work has been directed to secure one end—namely, the actual facts about the size and extent of our tuberculosis problem. That we must have the complete facts concerning this disease before we can confidently suggest measures for its control or prevention is self-evident.

In December 1908, the Ohio Vital Statistics law was passed and since 1909 we have fairly complete returns as to the number of deaths from tuberculosis which have occurred in the state. Our efforts must be directed to increase the efficiency of this law.

No one in the entire state of Ohio has ever been able to state with any degree of accuracy, how many people were afflicted in any given period with tuberculosis. And yet, the state of Ohio has proceeded to build sanatoria, and hos-

pitals without one scrap of real evidence as to how many beds were required to efficiently meet the needs of the tuberculous.

Appreciating the anomaly of this position, the State Board of Health passed a regulation on August 15th, 1912, placing tuberculosis in the list of the contagious and infectious diseases which must be reported by the private physician to the local health authorities and in turn by them to the State Board of Health.

Our next task, is to provide the machinery which will make the reports, both mortality and morbidity, of tuberculosis of actual worth in shaping the campaign against the disease. How we propose to do this will be shown by our program which will be considered later.

### **Free Dispensaries**

The value of the dispensary as a part of the campaign against tuberculosis is undoubted. Results in securing the establishment of dispensaries in the smaller cities in the state have been meager. The explanation for this failure would seem to lie in the fact that a voluntary organization must have time after its organization in which to adjust itself to local conditions. The city of Hamilton is the only one to add a dispensary to its equipment within the year.

### **Organization**

Therefore, the necessity for strong organizations employing a paid visiting nurse soon became apparent. On the first of May 1911, there were in the state thirteen voluntary organizations for combating tuberculosis. During the year three additional organizations have been added to the list, i. e., Hamilton, Portsmouth and Circleville.

Hamilton has conducted an excellent educational campaign and as a result has a paid visiting nurse, a dispensary and will shortly have a hospital.

Portsmouth has conducted a well directed educational campaign but thus far with no results so far as increasing its equipment in handling its problem is concerned.



Circleville, as a community, has awakened to a realization of its responsibility for its tuberculosis situation. The voluntary organization has a paid visiting nurse and will shortly establish a dispensary.

Akron and Ravenna have visiting nurses specially employed for tuberculosis work.

### **Co-operation**

We realize that these results, in contrast with what remains to be accomplished in the state, do not seem very satisfactory. Nor are they. However, it must be remembered that the state society has a budget of about seven thousand dollars a year with which to work results. And, at present, there does not seem any immediate prospect of a material increase in the amount of the budget.

In view of these facts, the magnitude of the problem and the insufficient size of our budget, it is apparent that some other method must be resorted to if the tuberculosis situation in Ohio is to be adequately met. That the ultimate responsibility for providing the means and equipment to control and prevent the spread of tuberculosis rests upon our public authorities, both local and state, no one will deny. The only question is as to the time when such public authorities shall assume that responsibility. We believe, that so far as the state authorities are concerned, that the time has arrived in Ohio when they should assume the burden of the fight.

With that end in view, several plans were considered as to the best method to be employed by which this responsibility could be assumed by the state effectively. After mature deliberation we reach the conclusion that the present organization of the State Board of Health offered the best possibilities for carrying on the work. Inasmuch as the co-operation given to the State Society by the State Board of Health during the year was in every respect all that could be asked, we had reason to believe it would be willing to co-operate further. Such, in fact, was the case. The

Board not only expressed its willingness to assume the responsibility but to co-operate with the State Society to the full extent of its power and resources in any project that gave promise of success in reducing the burden of this disease which rests upon the people of Ohio.

It was agreed between the State Board of Health and the State Society that they would join in requesting the next General Assembly to provide a special appropriation of \$50,000.00 for the State Board of Health to be used in a campaign against tuberculosis.

Following this agreement, officers of the Board and the Society appeared before the proper committees of the Ohio State Medical Association asking their endorsement of the plan and their assistance in carrying it to a successful issue. A formal resolution was unanimously passed pledging the co-operation of the Ohio State Medical Association to the proposed legislation.

The appropriation of \$50,000.00 will be for two years, that is, \$25,000.00 will be available in 1913 and \$25,000.00 in 1914. This sum while not large in comparison with such expenditures in other states, will enable the State Board of Health to establish within its organization the machinery which will be strong enough to show definite results in the two year period. After that time, there should be no doubt as to what the future course of the State of Ohio should be in dealing with this disease.

### **Legislation**

In addition to this special appropriation to the State Board of Health, the State Society believes there is need for other legislation. We will ask for a law setting aside in the public school calendar one day during the month of October to be designated "State Health Day." This law will be similar to the present law providing for Arbor Day. The county and district hospital law will be amended in several respects. Legislation will also be sought which will make it possible to employ visiting nurses in counties and districts at the public expense.

### **Proposed Program**

Granting, that all of the legislation we propose is secured, how will we be any nearer our goal than we are at the present time?

Should the appropriation of \$50,000.00 be made by the legislature to the State Board of Health for tuberculosis work, we may expect the state board to create a Division of Tuberculosis within its present organization and to place at its head a man specially trained in this field of work.

In general, the work of this division would cover more or less the following outline:

#### **Compulsory Notification**

This is absolutely essential and constitutes the basis of the entire plan. The regulation providing for the notification of tuberculosis was adopted by the Ohio State Board of Health on August 15th, 1912.

Obviously the next step is to secure some efficient method for making the regulation effective. It should be the business of some one individual employed by the State Board of Health to check, follow up, and analyze the bi-weekly reports sent in by the local health authorities. A statistician might conceivably be of value in making studies of all reportable diseases. There are, at the present time, several methods of making comparative checks on the returns: the list of admissions to the Ohio State Sanatorium and all other sanatoria and hospitals in the state; the list of cases reported as positive by the examination of sputum in the state laboratory and the several municipal laboratories; records of deaths from tuberculosis compiled by the State Bureau of Vital Statistics.

#### **Free Examination of Sputum**

Facilities for the free bacteriological examination of sputum, to aid in the early and definite diagnosis of pulmonary tuberculosis. This work has been done by the Ohio State Board of Health for several years. This service is satisfactory so far as it goes. The difficulty that seems to

present itself lies in the fact that not all the physicians in Ohio know that such work is done for them by the State. A plan of publicity aimed directly at the physicians and indirectly at the public will soon make this fact common knowledge. As a result there would be increased demands upon the laboratory that might require additional employees.

### **Free Disinfection**

Free disinfection by the local health authorities of rooms, or apartments which have been vacated by consumptives, either by death or removal. Issuance of orders for renovating the rooms where necessary. The cleaning or renovating should be done by the owner or occupant of the rooms under an order from the local health authorities. The rooms should be disinfected free of charge with formaldehyde gas. Infected articles which cannot be properly disinfected should be destroyed.

No data are available at the present time which will give us the knowledge as to the frequency of disinfection by the local health authorities. We do know that disinfection in tuberculosis cases by the local health authorities is the exception rather than the rule.

Effort in this instance would be aimed directly at the local health authority to perform this function as regularly as any other function, and indirectly at the community to expect disinfection.

### **Visiting Nurses**

Persons suffering from pulmonary tuberculosis, and not under the care of a private physician, should be visited in their homes by trained nurses, who should give careful verbal instruction, leave printed circulars of information and secure complete data concerning the social condition and hygienic surroundings of the patient.

Our aim in this respect would be to create public opinion to such an extent that every local health authority in a city of 5,000 or over would have sufficient appropriations to employ a visiting nurse permanently the year round. To

accomplish this, the Division of Tuberculosis ought to have a supervising nurse who would work out the nursing problem in the state.

### **Educational Measures**

These are of the highest importance and more stress should be laid upon this phase of the work under the Division of Tuberculosis than upon any other one function.

In general, the work would include:

A traveling exhibit should be built and operated throughout the state. A competent director and lecturer should be with the exhibit continuously.

Several small exhibits suitable for school uses could be operated in connection with the larger exhibit. These could be loaned to Boards of Education.

Daily newspapers and special publications should be freely used. This aspect of the popular educational campaign should be in charge of a thoroughly trained newspaper man.

Illustrated lectures should be given both before the public at large and in the schools. Volunteers among the physicians over the state could be enlisted to do this work. Slides, stereoptican, etc., to be supplied by the Division of Tuberculosis.

Circulars and pamphlets should be printed and distributed widely among the people. These should be so arranged as to meet the needs of the different classes of people in the state.

### **Miscellaneous Measures**

(a) Requesting physicians once a year by letter to give information concerning any and every patient reported by them and whether the same is still under his care.

(b) Supplying sanitary cuspidors to poor patients and to various charitable societies for distribution.

(c) Supplying large numbers of circulars of information to charitable organizations, labor unions, teachers' associations and other societies.

## Six Months' Experience in Ohio as a Traveling Visiting Nurse

This is the first attempt to make public the experience and results of an intensive educational plan adopted by the Ohio Society for the Prevention of Tuberculosis. The plan was conceived and put into effect during the Red Cross Seal Campaign in 1911.

### Plan of Competition

It was decided to start a competition among the cities having no anti-tuberculosis organization by offering the services of a visiting nurse for a month to each of the twelve cities selling the greatest number of seals in proportion to their population. Twenty-nine cities entered into the contest with the result that each one did its best to win and while all could not be successful, the incentive to greater effort resulted in a much larger seal sale than in previous years.

### Successful Cities

The twelve successful cities in their order of winning were: Circleville, Painesville, Sandusky, Urbana, Bowling Green, Conneaut, Athens, Gallipolis, Lancaster, Fremont, New Philadelphia and Marion. The average sale in each of these twelve cities was \$114.38 or 1.23 seals per capita.

### Selection of Nurse

After offering the prize and securing the list of winning cities came the problem of securing the right type of visiting nurse to undertake this pioneer work.

A careful canvass of the visiting nurse field in the State resulted in the selection of Miss Margaret Kameron of Cleveland. She was on the staff of the Cleveland Visiting Nurse Association and through the hearty co-

operation of that organization, the State Society was enabled to secure her services. In addition to being considered one of the best nurses on the staff, where she had been employed for two years in visiting the homes of the sick poor in Cleveland, Miss Kamerer also had intimate personal experience in the tuberculosis field. A graduate of Allegheny, Pa., General Hospital and the Buffalo Women's Hospital, she has had unusual opportunities, in both private and institutional nursing, to add a vast store of information concerning the lives of the sick and unfortunate to her technical training.

### **First Six Months' Work**

The scope of this article covers the work completed in the first six cities and to that extent any conclusions or results indicated in the following pages must be considered as merely tentative.

The Visiting Nurse began her work with the State Society on March 4, 1912, and the period of time spent in each city is shown as follows:

Circleville .....	March 4th to April 2nd
Painesville .....	April 8th to May 4th
Sandusky.....	May 10th to June 8th
Urbana.....	June 21st to July 20th
Bowling Green.....	July 22nd to Aug. 20th
Conneaut.....	Aug. 28th to Sept. 26th

It will be noted that an interval of a few days occurs between the visits to each city. This time is needed for rest owing to the intensive character of the work.

Naturally the question that loomed large to her was: "What can I do single-handed in one month's time with the problem of tuberculosis in a city of six or seven thousand?"

### **General Plan of Proceedure**

First of all, some contact with some one person or group of persons interested in the welfare of the city

had to be made. This is usually accomplished by the Executive Secretary of the State Society working through the Red Cross Seal Agent. Several preliminary meetings are necessary as a rule to secure the kind of co-operation desired. A representative committee is sought to be formed and the responsibility of backing up the nurse in her work intrusted to it. Several sub-committees are then formed: on reception of the nurse; on co-operation with physicians, public officials, ministers and teachers; on publicity; on material relief.

After this preliminary organization has been affected, a free illustrated lecture is advertised and delivered to the public by the Executive Secretary of the State Society. Within a few days following, the nurse arrives in the city.

It is quite obvious that the success of this scheme is almost wholly centered in the individuals in the community itself. Upon their initiative, their intelligence, their influence and their personality, the work stands or falls.

The chart below will serve to give the actual situation in the cities under discussion.

Name of City	Population Census 1910	No. deaths from all causes		No. deaths from tuberculosis	
		1910	1911	1910	1911
Circleville.....	6,744	104	100	6	18
Painesville.....	5,501	116	131	8	14
Sandusky.....	19,989	268	293	17	28
Urbana.....	7,739	129	116	20	13
Bowling Green...	5,222	64	54	6	5
Conneaut.....	8,319	113	108	10	15

Name of County	Population Census 1910	No. deaths from all causes		No. deaths from tuberculosis	
		1910	1911	1910	1911
Pickaway.....	26,158	364	364	38	43
Lake.....	22,927	341	363	25	30
Erie.....	38,327	684	655	52	62
Champaign.....	26,351	348	345	47	34
Wood.....	46,330	558	490	52	35
Ashtabula.....	59,547	857	814	63	75



### Policy As To Function of Nurse

At the very outset, it became evident that if the policy, to have the visiting nurse confine her efforts to the tuberculosis work alone, was strictly adhered to, a large opportunity for service in other directions would be missed. Therefore, it was decided to have her do any kind of visiting nursing work that might arise.

The results of this policy have been: that the visiting among the sick poor has been general; that from personal observation of these patients the nurse has instinctively and automatically sought to find the preventable causes of ill-health, and having found them to bring home the facts to the community and to point the way for their elimination.

A glance at the following table will make clear, so far as statistics can, the nature of the findings with respect to the individual patients:

Table Showing Results of One Month's Investigation  
In the Six Cities.

	Cities Visited					
	1.	2.	3.	4.	5.	6.
Number of Tuberculosis Cases.....	31	13	27	16	17	18
Number of Typhoid Cases.....	..	..	..	..	19	..
Number of Pneumonia Cases.....	..	4	..	..	..	..
Number of Miscellaneous Cases.....	50	54	51	27	10	94
Number of Visits to Patients.....	140	136	140	122	122	180
Number of Miscellaneous Visits.....	35	50	78	73	58	63

### The Nurse At Work

So much for the general aspects of the plan. Let us turn to the nurse at her work. Here it is that we see the fruits of intelligence, knowledge, experience and that intangible something we call personality which nevertheless makes all else dependent upon it for success.

A better idea of the work as a whole can be obtained by a detailed explanation of the methods pursued in one city. In the first place the nurse gets into touch with as many elements in the city as possible, reaching them

through the Red Cross Seal Agent or an organization as the case may be. Next she visits all of the physicians in the city—25, 23, 20, 28—run the number of such calls listed in her reports. Then she visits whatever institutions which may exist—the Schools, Hospitals, Children's Homes, Infirmaries, Detention Homes, Sanatoria. She also calls on the public officials—the Mayor, Probate Judge, County Commissioners and Board of Health.

All of this is done, not at one time, but from time to time as occasion arises, when it becomes necessary to secure co-operation or to find out the attitude of the community, as reflected by the individual, toward any condition detrimental to the health of the people, that demands attention.

By securing their co-operation the physicians give her cases and the teachers allow her to examine the school children. She reports constantly many cases of adenoids, enlarged tonsils and defective vision among the children.

Then the nurse makes a general survey of the city: to determine what the character of its population is; whether there are many factories and what their sanitary and working conditions are; what the system of drainage and sewerage is; what the water supply is; whether the streets and alleys are kept clean—in short, everything that might in any manner influence the morbidity or mortality figures of the city.

A closer examination is made of the local board of health. The type of men serving on the board is of the utmost importance to the city. An endeavor is then made to secure the point of view of the health officer—whether infectious and contagious diseases are promptly reported and whether fumigation is the usual practice in such cases.

When the nurse has begun to get hold of some of the facts about the conditions in the city, she holds a meeting of as many people as she can gather together and talks to them about her work. She endeavors to

arouse them to a realization of the situation and to secure their support.

Following the completion of her survey another meeting is held. This time it is a public meeting. She states the facts as she has found them, points out the weak places in this community organization, shows up the sore spots in the city and urges the crying needs of improvement. She suggests what can be done immediately—maps out a plan to be followed and never leaves the place without seeing spring up in her footsteps a new and vigorous effort toward better sanitation and public health.

### **Results**

In Circleville an anti-tuberculosis committee was formed almost at once and a permanent nurse secured to take up the work where she left it. In Bowling Green, a "Health League" was organized. In Sandusky, the Board of Health passed a resolution making "notification of tuberculosis compulsory," and providing "that fumigation in cases of death or removal of tuberculosis patients must be enforced." An ordinance providing for the salary of a permanent visiting nurse to be employed by the board of health is now before the City Council. In Urbana, she left the Associated Charities starting to plan for a visiting nurse and the board of health resolving to fumigate all homes where a tuberculosis patient died or removed. In Conneaut a meeting of over one hundred citizens was held to discuss plans for an organization to take steps in a local anti-tuberculosis campaign.

It was no easy task to open the eyes of the contented and comfortable townspeople living serenely in their big houses on the wide streets and to make them see the vile hovels where filth and disease and overcrowding raged as wantonly as in the larger cities. And even when these people looked, they did not know the full significance of the picture until they were told of

the harvest reaped there of sickness, suffering, and physical and moral degeneration. It was no easy thing to secure the good will and co-operation of the physicians and at the same time to point out to them their own lack of responsibility for local conditions.

### **Conclusion**

Thus it is that with rapidity and efficiency the Visiting Nurse has stirred the civic conscience of the city. Her work has proved once more what the Ohio Society for the Prevention of Tuberculosis has always maintained—that the essential of all tuberculosis work is Public Education.

For a comparatively moderate sum of \$600.00 for salary and expense for six months, the State Society has maintained the traveling visiting nurse for the purpose of educating the smaller cities of the state to the danger and destruction from the Great White Plague and of instructing them in the fundamental principles of prevention.

We feel that the plan has been a great success and that by it we have proved the value of a central agency for the spread of education and the correlation of all individual effort to combat the common enemy—Tuberculosis.

## The Public Health School Nurse and Infant Mortality

By JOHN H. LOWMAN, Cleveland.

Address delivered before the Third Annual Meeting of the American Association for the Study and Prevention of Infant Mortality.

At present the public health nurse in the school is not closely enough associated with the family to have any direct influence on the babies. Her office is too specialized and too limited in scope—too restricted in practice to modify the infant mortality problem except in a general way as will any great health movement. In order to utilize the great body of nurses and social workers for this end it may be necessary to revert to the system of friendly district nursing of the earlier nurses' associations and thus run counter to the recent idea of particular nurses for particular kinds of work or else it may be found advisable to specialize still more finely the various phases of children's work and have many nurses visiting in the home. At present the baby is reached only in exceptional cases, and only in particular phases of these exceptional cases. The question can be solved only abstractly, unless one considers the nurse, the family, the child and the municipality. The social problem is a single problem with many variants and one can expect only a partial solution of it if he touches but one part of it, just as one can hope to determine the moral quality of an act only by knowing the feeling, desire, motive, will and consequent of such an act; motive alone, will or consequent alone can never decide the moral quality of conduct. It is the whole character, the whole self and not a part which must be taken into consideration, and so in any movement for social betterment, the whole question must at least be kept in view. It goes without saying that one must be enthusiastic and earnest in his special work; he must be interested intensely, but this interestedness must never cease to be a "disinterestedness." It must never be so circumscribed that it does not constantly and actively appreciate its intimate relationship to the whole social movement.

An organization can and should be used for other purposes than its own immediate ends. Its activities are always interchanging, always exchanging values, for its main purposes are in unison with those of many other bodies. It is as if the social body was a living body, where one member ministers to another. Moreover, this is really so for all social movements and institutions are but exterior manifestations of man's character as a social being, and should have high and harmonious aims. A disinterested interest is therefore one of the highest elements in all social movement. The spirit of extreme specialization comes from work with the inorganic world where there is no life. There the laws are known and fixed and facts are more easily observed, more definitely established, more easily classified and explained. The science of inanimate things is more exact and is much nearer the mathematical or abstract sciences. The study is attractive because work and time are less apt to be lost. But the instant one touches life problems there is confusion, complexity and uncertainty for the unforeseen and unforeseeable are constantly happening to disturb our data; and, again, life especially among sentient beings makes an intimate co-operation which nowhere else exists and extreme specialization is less fruitful and indeed more inclined to fall into error. In any forecast of social improvement breadth of vision and energy will count more than funds and one ought to be able to determine in some degree the direction this energy should take.

The growth and development of this Association is an example of what rightly directed energy can accomplish. Its life has not been long but its force has been great and in a very short time it has aroused interest and enthusiasm in the great child question. To be sure this question has always been a universal question but the world has not been aware of it in the way it now is since this and kindred associations have brought their energy to work upon it and have focused the widely diversified and hitherto inaccessible knowledge upon it, and pointed the ways in which allied and

subordinate agents can effectively move. To meet the infant question adequately from the nursing standpoint there should be one central controlling body—a nurse bureau if you will—possessing at least influence and perhaps the power to supervise and in a general way co-ordinate the work. Naturally there would be subdivisions of the nurses, but the extent to which such subdivision should be carried could be decided by such a bureau. The moment one group, say the school public health group, departs from the central organization and becomes independent it loses the force that numbers give, the inspiration that comes from kindred but different spirits, and the opportunity of cultivating that disinterestedness which controls untamed interest. In a word the balance is disturbed and the common end which all are seeking by various avenues is less clearly realized.

All this is in accord with the fundamental principles which govern the moral and economical conditions of the human race. It is the realization of the common good as an end which is the gauge and rule of conduct. It is said by some to be the standard and this standard is satisfied by the mere conceiving and performing of some act that leads to this end. What is true of the individual should be true of institutions, but this of course is impossible because, codes, rules and constitutions are composites of many minds and not the exteriorization of any one mind and must necessarily be more imperfect.

There may be, and in several communities there now are directors of child hygiene who have a thorough understanding of the whole movement and who occupy official positions in the municipality. Such men have a splendid point of vantage. The director must have his bureau of nurses. This may be self constituted, and if this self constituted body has time, dignity and experience behind it it will probably be more efficient than any municipal nursing corps. The manner in which the nurses who are marshalled by this bureau will reach and know the child and be able to influence the parent must be worked out in practice.

We will find ourselves constantly diverted from the main issue by such subsidiary issues as means and training, but we need not fear that there will be a lack of energy for sufficient is at hand if it can be aroused. Under the best of circumstances, however, there can only be a limited number of nurses, though even if there were enough of them to satisfy a reasonable demand we would still have to ask ourselves to what extent we should encourage the entrance of more than one nurse into the home of a family.

It certainly is unwise to multiply such visits when one visitor is enough if she is efficient. Aside from dissipating means and losing valuable time it has a distinctly demoralizing influence on a family and minimizes the influence of each individual nurse, and confuses the ideas of the mother. Whatever plan is finally adopted must provide for the elimination of this multiple evil—for evil it is.

There are now four large classes of public health nurses, viz: district nurses, school nurses, tuberculosis nurses and nurses of the department of child hygiene.

In addition to these groups there are maternity nurses, general dispensary nurses, inspecting agents, associated charity workers and philanthropic society visitors, all of whom have more or less the opportunity of entering the homes of the poor; very few of these touch the infant mortality problem directly but the work of all has certainly some bearing upon it. The question is, could they not all have more influence? The director of child hygiene will, through his agents, come in close contact with the infant, but largely, from pressure of circumstances the question of this care is still largely a question of the diet of the child. The personnel is so limited in number and the duties so onerous that there is time only for a very short visit if twenty visits are made in a day, thus the contiguous and often portentous social problems are missed.

The tendency of the school nurse as urged by the superintendent of the school is to see that pupils sent home for this or that reason return as quickly as possible; and



it is remarkable how the percentage of school attendance has increased under her supervision of illness among school children. The maternity nurse would not dream of noticing a child more than a few days old. Thus the tendency of high specialization is to accentuate the particular and to dwell upon it. This is hazardous for this particular is probably only one symptom of a great social disease.

Even the public health records of deaths are only one of the indications of misery and may be misleading, for it has been shown in tuberculosis that the more widespread the disease the lower the individual case mortality, and the more limited the disease the higher the individual case mortality. This is probably dependent on a gradually increasing immunity in communities where tuberculosis has been a long existing scourge, and also explains the tuberculous holocaust among the American Indian and the Polynesians. Thus it follows that in this instance at least the morbidity statistics would have high value in determining the extent of the disease. A low mortality is perfectly consistent with a widely infected people. Thus the special hunt of the special nurse though effective in detail must be limited in scope, as far as the common end is concerned, unless it is combined with a wide outlook.

The value of the trained medical worker or public health nurse in the home is determined not alone by her special duties but by her general knowledge of the whole social problem. If the school nurse continues to do no more than she does now her energy is restrained and her general usefulness much restricted. Some would district a city and have one nurse responsible for the nursing of the district. If this was found impracticable because of insufficient special training of many of the nurses, the districts could be slightly enlarged and two nurses placed in charge, one to do general district nursing and one for what might be considered special problems. The district nurse could gradually take up the special problems and in time be competent

to carry an entire district. This was the early practice of the nursing orders and is still in a measure advocated.

District nursing is still a great force, there is a logical place for it and it must never be abandoned. To meet the exacting requirements of special nursing an effort is now making to train a few nurses in all branches so that they will be adequate to all demands and then to place them in trial districts. The outcome of this experiment will be watched with great interest. It requires a two years' school training, a year's hospital training and a year's post graduate work. Such a nurse could carry school, district, tuberculosis, and babies' work.

But to come back to our school nurses from whom we constantly are led away because of a certain confusion of the present system and because the emergencies of the hour and the needs of the home have led many to believe that a modification of the present plan is necessary. Ten years ago a physician of Ghent organized, in conjunction with a small general dispensary, a class of girls into what he called his Little Mothers' class. They were taught orderliness, which is, after all, the fundamental basis of education; orderliness of thinking, orderliness of conduct, orderliness of school, and of home. They were taught to wash and dress babies and their young brothers and sisters, how to help their mothers, how to stand in the mothers' place and assume responsibility when the mother was absent. In all homes where the work devolves on the family alone the girls are all pupils, for necessity has already taught them many of the household arts and ways; they can cook, can sew and tend the baby. This is particularly true in the rural districts. But this report comes also from the country towns surrounding the great civic centers. The physique of the girls in the country towns is not equal to that of the city girls who spend their summers near them. They are often overworked; if however, they learn to work in an orderly way their work will be easier and more quickly done. If these little mothers can be taught the general care of infants

the general rules of feeding and dressing and particularly the great value of regular hours and rest for the baby a valuable contribution would be made towards combatting infant mortality at least! If each school nurse could have an organized body of these little helpers at her command to assist in a very limited way in the school dispensary and to report to her the condition of health of the younger children of the family another weapon would be in the hand of the nurse. This is not demanding too much, the schools have the right to know when sickness invades a family; the school nurse should have certain hours when she could investigate such illness and if desired, direct what measures should be taken as to other nurses or general measures in order to meet it. Whether time, opportunity or place is at hand for the school nurse to undertake such work is a detail for the director of hygiene or the bureau of nurses to work out. It would certainly break the monotony of the school nurses' life and open wide vistas of future possibilities and I believe would be an agreeable variant of the daily routine.

It is one of the duties of the school nurses to detect contagious disease among the pupils in her district; such pupils are not allowed at school and go home. We have not yet reached that grade of development when they can be sent at once to the contagious disease hospital; such hospitals are not large enough in the first place, and but few mothers would permit such drastic measures even when other children were exposed. When, however, a school nurse suspects or discovers a case of contagious disease she should report it to the board of health and visit the home once at least, for purposes of observation and advice and in the case of *one* disease at least for the purpose of giving special precaution. In the first year of life, whooping cough has its greatest mortality. It is quite fatal to young infants and every precaution should be taken to safeguard them. It is highly presumable that by the time the nurse knows of the case the children in the home have

been infected or at least exposed. But even in that event the nurse who has knowledge of the fact that whooping cough is in the house, in the tenement or in the neighborhood should notify the mother and protect the infant by forefending the grave malady as far as is in her power.

Kirchner's statistics show in the first year of life, 83 deaths from whooping cough, 34 from measles and still less from four other contagious diseases, in 10,000 living people. By these simple measures alone of reporting the cases of whooping cough and informing the mother of the danger to her infant the school nurse could materially aid the cause of infant mortality, she could inform the mother not only of the high mortality of the disease among infants, but of its marked contagiousness, and of the fact that the contagion can be carried by the clothing, she could urge the mother to watch for the early symptoms of cough in the young infant and urge upon her the necessity of unusual care of the infant which has been exposed, and also the great importance of avoiding exposure if whooping cough is in the immediate neighborhood. In the second year of life measles is more dangerous than whooping cough, measles has a mortality of 36 and whooping cough 28 in 10,000 living. In the third year whooping cough ceases to be dangerous. Mothers should be warned by the school nurse of both measles and whooping cough for the seriousness of neither is understood by the ignorant poor, and there is no other source from which this information is likely to come, except through the school nurse. I see no reason why the school nurse should not know whether there are any infants in the families represented in the schools of her district. There is every reason why she should know and keep a record of them and send out her danger signal when necessary. Being thus in at least long distance communication with the babies of her district the school could through the little mothers, find out what the babies have to eat. She could learn whether the mother nurses her baby or not. Milk is a rare and costly article in the

families of the very poor. If the nurse finds through direct or indirect inquiries that the baby is not being nursed, she should send the district nurse to investigate the reason why. If she discovers that cow's milk is wanting and the baby has improper food she should make it her duty and have the energy to fulfill her duty by reporting this fact to the district nurse, who would best know the proper machinery to put in motion. The school nurse should keep a record of all the babies in her school district and notes of what she knows about them. By this means every baby in a large city could be brought under some supervision. This would entail but very little additional toil on the nurse. This method is both natural and simple; the school nurse is known by the mothers, she is in communication with them through the children and occasionally visits them in their home. It is very natural for her to know of the presence of a baby in the house and to make inquiries about it. Hence her information comes by the most natural channels and is certain to be more effective than a more formal method instituted by formal officials sent out by the director of hygiene from the city hall. It must never be forgotten that there is always a form of armed truce between man and the state. The rights of men were originally individual rights. Some of these, particularly taxation, have been usurped or at least taken by the state, and some may say they have been conceded to the state. They never have been absolutely relinquished by the individual as instance the American revolution or the passive resistance now conspicuous in England. Thus any new means for social betterment must never appear to run counter to individual rights. The conservatism of the Latin races is proverbial in this particular and is a serious obstacle to their social development. This plan would gain the end desired without any antagonism, also it is in accord with another principle, that is to use existing methods and means rather than invent new ones when possible. Again the effect on the nurse herself is not to be overlooked. It takes her away

from her routine, broadens her views, increases her general outlook and breaks down her specialization. A nurse is not prepared to specialize, she is not broadly trained enough to specialize. It requires a long discipline and high training to specialize successfully. Her social equilibrium is too easily disturbed. Her emotional interest, her very devotedness and concentration turn her head. Moreover, she is only specializing on a superior officer's dictation who may or may not be a specialist. To specialize with profit to one's own character one must specialize on one's own initiative, otherwise one's mind is like the machinist who feeds a machine with a bar of iron to make nails from morning to night. Koch soon after the discovery of the tubercle bacilli formulated with the prescience of genius three laws for the eradication of tuberculosis. The first one we can apply here to school nurses. That law was, find the cases. We can formulate that as "find the babies," and this can be done through the Public Health School Nurse.

## Pioneer Tuberculosis Work in Duluth

BY FLORENCE LEE.

The literal definition of Pioneer reads, "one who goes before to prepare or clear the way, or remove obstructions for another."

The latter part of the sentence appeals strongly to me after three years of hard work in Duluth, mostly up-hill work—(if any of my readers are familiar with that city, they will be in sympathy with the expression "uphill,") and in August, 1912, I gave up my work in Duluth, feeling that the way had been cleared and obstructions removed.

May 1, 1909, saw the writer emerge from the Chicago sleeper at Duluth and step into a literal "world of white," for a wild storm was raging, and snow had been falling heavily for 24 hours. Enthusiasm was at low ebb, but a good breakfast and a hearty handshake from a member of the Anti-Tuberculosis Committee, was a good tonic and gave her renewed courage. A hunt for living quarters and office room began at once and in a short time the first visiting nurse in Duluth had secured "a corner" in the Health Department, with the proviso that she was "to attend to her own affairs." This she did, with what measure of success may best be estimated by the attitude of that same Health Department today, which now employs two graduate nurses for tuberculosis work only, and supplies these nurses with all the sick room accessories they may require.

The Anti-Tuberculosis Committee was composed of three business men and one physician. These men imposed no restrictions upon the manner of their nurse's work. The field was an untried one, and it was up to the nurse "to play fair and make good."

It is an old story with workers in the tuberculosis campaign, to find that no place is provided for their poor sick folk, that no one wants to house them, and that no one

wants to care for them in private homes. Much of our future work will be to disabuse the general public of some of its ignorant prejudice and senseless fear of dealing with the consumptive. The lay mind has grasped the fact that consumption is a communicable disease, but few know just where the danger lies and far too often a most careful, unselfish consumptive is subjected to most ungenerous treatment.



Nopeming, Duluth, Minn.

So, in those early years of the work in Duluth there was no place for the consumptive to lay his head, even members of the immediate family sometimes refusing to render nursing service. The only place in fact for a poor tuberculosis patient was the poor farm, and many sad scenes occurred when the patient was condemned to go there.

I remember in particular an afternoon in August, 1909, when a dear young mother, refined and sensitive, bravely arranged with the nurse for her removal to the farm, and



for the sale of her household goods. She directed all from her bed, watched her furniture go out, sent for a young lawyer (who gave his services for nothing) made out a most pathetic bequest of her few little treasures to her boy and girl (aged six and four) and then, with her two children, consented to be photographed. These three, separated by no fault of their own, grouped near each other for the last time. Finally, still with a courage that made the onlooker's heart ache, the mother put her two little ones in the keeping of relatives, knowing well that she would never see them again, and, actually smiling, said: "I am ready now Nurse dear."

Then came the ride to the poor farm—and a veritable poor farm it was, with nothing to soften the phrase. Three weeks of lonely dying followed, isolated from all the world, on the top floor of the farm hospital, with no attention but that which some kind hearted inmate or the cook chose to give; no nursing care, not even a drink of cold water, except when some one went by; miserable ventilation and with flies adding to the general misery of the situation. Did the way need clearing, think you?

And today? Today the poor farm at Duluth has a tuberculosis pavilion, with a trained nurse in charge, and a special domestic machinery of its own and there is actual content among the patients, in fact there rarely is a bed vacant. There is music, in the shape of a phonograph, daily papers, books and little duties for each one who is well enough, to perform, just to cultivate the "home feeling." The nurse has her own most comfortable room furnished through the generosity of one of Duluth's citizens, bath room and creature comforts. A resident physician is on duty, and his executive ability and kind heart have changed the atmosphere of that poor farm, where the sick poor of St. Louis County must be cared for in the absence of a city hospital.

Do not get the impression that the writer deserves credit for all this change. The pioneer nurse was only an

instrument, and good men and women were giving the best of themselves in order to awaken citizens to the real state of affairs and create a sentiment that would assure the necessary legislation in the county.

A tuberculosis pavilion at the county poor farm was good, but that cared only for the itinerant and homeless population of the county. What was to be done for that



Children's Pavilion, Duluth

other and larger class of respectable patients like my little mother? Today the question is answered. Seven miles out of the city of Duluth stands Nopeming Sanatorium, built under the Tuberculosis Commission, where patients in all except incipient stages of the disease are received, at a uniform rate of \$7 a week, in many cases the County Commissioners paying this maintenance. This dear home "out in the woods," (which is the meaning of Nopeming) is a thoroughly modern well equipped sanatorium, which opened its doors in June, 1912, to 24 patients (who had waited

long). On the same grounds overlooked by the parent home, is the children's pavilion, a gift of love from the women of Duluth to the tubercular children of that city. Whenever I have a "blue streak" (all nurses know the feeling once in a while) I think of that children's pavilion, and the warmth at my heart chases all depressions out of me, and makes me glad that I have had part in it. Now a mother in the last stage of consumption can watch her delicate child from her porch, and hope for the future will help her bear the sorrow of the present. We will be "humanized" after awhile, in this fight against the white plague, will we not?

Routine is essential to good work, but it does not tend toward inspiration. A special kind of mental machinery is needed for the visiting nurse in tuberculosis work, "cheerful idiocy," one might call it, for each new day one must start out with new enthusiasm, if the work is to be worth while. When the day is over, and we foot up the meagre results, and feel that nobody cares, and that nothing is being accomplished, (and these depressing days show a tendency to become consecutive in anti-tuberculosis work) something happens. And something did happen in Duluth in the summer of 1910.

One of those rare souls who do one good just to know, came along in the person of a young physician (an arrested case himself) full of hope, ideals and human sympathy. His inspiration was a clinic, and it took just three weeks of hard work to have a real live dispensary (forgive the word, it should be clinic) with a children's day on Saturday morning. There is nothing like a children's day in a tuberculosis clinic to make one lose that feeling of depression. The very confidence of these little folks in their doctor and nurse smoothes out all one's troubles. Nearly 400 people have been examined in this clinic, which co-operates with all the philanthropic agencies in the city, and is now the "clearing house" for free tuberculosis work in Duluth, and of course, the visiting nurses endeavor never

to lose sight of one of these cases if a diagnosis is either "positive" or "suspicious."

With all this equipment for fighting tuberculosis in St. Louis County in good running order, and apparently on a permanent basis, the writer felt the time had perhaps come for her to go out into the "tall timber" as they say in Minnesota.



Did I use the word "pioneer" in connection with the campaign in Duluth? I should have saved that word for my present position, unless a stronger adjective can be found. Diogenes, with his lantern on a hunt for an honest man, was not beset with more difficulties than a "first" visiting nurse deposited in a sparsely settled community of well-to-do farmers, and told to make a "survey" of an entire county of 20,000 souls within three months. Again I refer to the dictionary and find that "to survey" is to "overlook." What a relief! If it meant to look into, or through, I must needs have folded my hands and given up the impossible. As it is, with map in front of me, I "over-

look" prosperous farms of 120 acres, good outbuildings, and well-cared for stock.

Seated in a wagon, I start the day at 7 A. M. to look into the home life of these same farmers. What do I find? Perhaps a family of five children, (the oldest **nine** years) a mother, father and hired man, living in five rooms. In all probability the three younger children sleep in the same room with their parents, and there will be one window in that room. This window will have a storm window added by November 1, and said storm window will be securely screwed down for the winter, ending some time in June, with the thermometer registering well in the seventies.

I have "overlooked," "looked through" and now I look into. Within the past seven years three young people have died of pulmonary tuberculosis in this small house. We talk about the over-crowded condition in our large cities and say that grasping landlords are the cause! What brought about this same condition in a prosperous farming community? Not poverty, not landlords, but *dense ignorance of the commonest laws of health and sanitation*. And the result? anaemic, round-shouldered young people, listless, inadequate to keep up with their district school work—and latent tuberculosis.

Such tired mothers, too, reticent at first, but finally unburdening themselves to the county nurse, till all the tale of tuberculosis history is told. Then comes the educational work. How can it be hurried, and yet real results be obtained? We begin with the children. The teachers ask the nurse to come to the district schools and talk "Hygiene." The nurse goes, putting all the vim she can into those breathing exercises and feeling all the time that if any effective work is to be done with the children, these demonstrations ought to be a part of each day's program, for only through their children will some of these alien races learn that consumption is curable.

No technical phraseology is needed here. The simplest forms of our language is what one needs to convey the les-

sons, and when one farmer, living 10 or 15 miles out of town sends for the county nurse because he wants to *know*, we feel we are doing work that counts. When a hustling young farmer reluctantly stops work in the very midst of the threshing season to "take the cure," the adjacent farmers pause and take notice. And so the work goes on.

Some novel features were added to the tuberculosis exhibit at the county fair last month. One booth was a



Good-night. Locking up Sanatorium

model "shack" for an incipient tuberculosis case, canvas curtains, table, reclining chair, cot-bed and all the rest. Four dear little girls, all in the full uniform of the Chicago V. N. A., represented the worldwide fight against tuberculosis. These four little nurses demonstrated daily in the afternoon, the work of a modern sanatorium. Dolls were the patients, and no part of the outfit was omitted. Sleeping bags, hoods, providence bags, all; and the doll patients, who went through the entire routine of a "day at the State Sanitarium."

Crowds listened to the "Mother's Meeting" of the four young nurses, who, with dolls in their arms, discoursed

calmly on "mouth breathing, weight loss, early symptoms" and the like, and in the final act, when the county nurse (gray haired and a veteran) led the breathing exercises the situation became tense, as the politicians would say.

The sale of over 400 postal cards, in a series of six, showing the work of these same young nurses in a sanatorium, and in a clinic, carried the story into many a country home.

## Bags and Uniforms

### EDITOR'S NOTE.

[The question of whether or not it is advisable for a nurse doing only tuberculosis work to wear a uniform and carry a badge has been so variously met in different parts of the country, and has aroused such widespread interest and discussion that it has seemed to the editors of the *Quarterly* that it might be of peculiar interest and value to all nurses or others engaged in tuberculosis work to hear the opinions of different nurses on the subject, and to find out if possible, the reasons for their varying opinions.

A personal letter was therefore written to ten representative public health nurses, asking for their opinion as to the best kind of bag for a tuberculosis nurse to wear; what the equipment of such a bag should be; and how they felt in regard to a uniform.

The following seven replies have been received, and we publish them with great pleasure, feeling that on both sides there are good arguments to support their claims, and that the conclusions have not been reached without careful thought and in most cases practical experience.

The variety of reasoning shows that the question is yet far from settled, but it would seem from a careful comparison of the answers, that there is a tendency toward compromise: namely that a tuberculosis nurse should either wear the general uniform worn by all other nurses doing any kind of public health nursing in that locality, or else that they should wear ordinary tailor suits of uniform color—as for instance, dark blue or black—with white shirt waists and tailored hat, without feathers or flowers.

Following are the three questions sent, and answers received:]



## QUESTIONS.

1. What in your opinion is the best kind of bag for a tuberculosis nurse to carry?
2. What should be the equipment of such a bag?
3. What is your opinion as to a uniform for a tuberculosis nurse? and why?

## ANSWERS.

By CHLOE JACKSON

Executive Secretary, Fayette Tuberculosis Association,  
Lexington, Ky.

1. *Bags*—The kind of bag for a tuberculosis nurse to carry seems to me should depend upon the kind of nursing she is expected to do. If it is purely educational the bag should be of leather, about 11 x 8 with diameter of four inches at the bottom, with pocket full length of the bag on one side and small compartments on the other. The material should be as light weight as possible.

2. *Equipment*—The equipment of such a bag should be literature, charts etc. in the large pocket. In the small compartments should be fountain pen, pencil, thermometer, carbolic acid, alcohol, bichloride, tape measure, scissors, note paper, nail brush, soap and towel, small pieces of cotton or small squares of crepe paper napkins for cleansing thermometer. If the nurse is to do bedside nursing as well as educational work, the bag should be somewhat larger. For instance, the pocket for literature should be on one side with flap buttoning over, while the inside of the bag should contain all of the above named supplies, together with dressings, tissue forceps, artery forceps, ointments, funnel, connecting tube, irrigating syringe and catheter. The bag would practically contain the same supplies as the bag used in general nursing work. I am quite thoroughly convinced that the bag used by most of our visiting nurses, now, is too heavy and the nurse becomes more fatigued carrying the bag than doing the actual work. Furthermore the bag should be as non-conspicuous as possible.

3. *Uniform*—Personally I am not in favor of the uniform for the tuberculosis nurse, as such. For the reason that the nurse is so frequently called at all times and all places and if in uniform she feels out of place. However, I feel that the nurses should wear simple wash dresses. If there could be a uniform adopted for nurses doing health nursing the term being applied to all nurses throughout the United States, the tuberculosis nurse included, I should be inclined to favor it, but I do not favor one uniform for one type of nurse and one for another.

BY JEPHA M. GARDINER

Head of the Tuberculosis Nurses, Boston, Mass.

1. *Bags*—A good substantial leather bag, the shape of a doctor's bag, measurements about 14 x 6 inches.

2. *Equipment*—Inner lining with pockets, containing folder for literature pertaining to work. Bottles with disinfectants, thermometers (2), hypodermic syringe, surgical instruments for dressings, scissors, probe, director and forceps, small dressing basin, soap box, pencil.

3. *Uniform*—Tuberculosis nurses should not wear uniforms. Nurses who visit persons for any great length of time are not welcome when in uniform. They become too well known in a district and tubercular patients are sensitive and do not wish neighbors to know they have consumption. My personal experience has been very marked in this respect, only in a few instances has the nurse been an unwelcome visitor while in a plain business suit.

BY MARY BEARD

Superintendent Instructive District Nursing Association,  
Boston, Mass.

3. *Uniforms*—The tuberculosis nurses in Boston have no official connection with us, although our association started that kind of nursing.

Personally I do not agree with Miss Gardiner about uniforms. I feel that the day is past where a tuberculosis

patient was sensitive to having his neighbors know that a nurse visited him.

In towns where the tuberculosis nurses do the actual nursing it seems to me to be very bad technique for them not to wear a uniform.

The uniform should, I think, be a cotton shirt-waist dress, entirely inconspicuous, and covered by a plain, long coat. I like too, an inconspicuous hat, uniform also, and not unlike the hats that other people are wearing. At the present stage of visiting nursing I think a uniform is an added authority as well as an explanation and I think it carries with it a sense of security to the patient because it means a certain standard which the community learns to trust.

BY JEPHA M. GARDNER

Superintendent of the Visiting Nurse Association,  
Providence, R. I.

1-2. *Bags and Equipment*—The tuberculosis nurses in Providence carry very little in their bags because they merely do advisory and instructive work, turning over cases needing nursing care to the general nurse in the district. This bag contains only a thermometer, one or two sputum bottles, a fountain pen, blanks, etc.

3. *Uniforms*—The tuberculosis work in Providence is done by the nurses of the Visiting Nurse Association, being merely a special service with a head nurse, as there is a head children's nurse and a head nurse for the districts. These tuberculosis nurses therefore, wear the regular uniform of the Association.

I know the difficulty encountered in having uniforms peculiar to tuberculosis nurses alone, but have never had to cope with the problem.

BY CHARLOTTE LUDWIG

Superintendent of Tuberculosis Nurses, Cleveland, Ohio.

1. *Bags*—The Boston bag, such as the doctors carry.
2. *Equipment*—The dressing bag, containing steril

gauze, cotton and bandages; instrument case, containing scissors, probe and tissue forceps, hypodermic case, containing one bottle of alcohol, one of lysol, one of boracic acid powder or crystals, one of bichloride tablets; tongue depressors of wood, to be burned after using; paper napkins and bags; towel, soap box with soap, nail brush, large apron or gown.

As the tuberculosis nurse makes a great many calls in a day and has to carry a number of paper napkins and bags rarely making a call where bedside nursing is required, it becomes necessary to make the bag as light as possible, therefore, a full line of supplies should be kept at the dispensary, where she may refill her bag and may add a fountain syringe, ice cap and other supplies, when needed.

3. *Uniform*—I consider a plain tailored suit and shirt-waist with a plain tailored hat the best uniform for a tuberculosis nurse. A tuberculosis patient is very sensitive as to publicity and oftentimes would welcome a nurse if she were dressed as other citizens. The nurse is rarely called upon to do bedside work, when necessary she could wear a large apron, which would cover her street garments; on rainy or slushy days, she would be more comfortable in a short walking skirt than in a wet cotton uniform.

By ELISABETH CROWELL.

Executive Secretary Association of Tuberculosis Clinics,  
New York

1. *Bags*—In my opinion the best kind of a bag for a tuberculosis nurse to carry is *none*. The number of bed cases she will have on her list is a negligible quantity and she had better conserve her strength rather than burden herself carrying a bag around to a dozen patients who are not in need of actual nursing care. For example, Bellevue reported last month 1,179 cases under clinic care. Of these but six were bed cases, cases who could not or would not go into hospitals. The hospital is the place for a tuberculosis patient sick enough to be in bed, and it is only the

exceptional cases who should be allowed to remain at home and be nursed. Even in such cases the nurse, if she is doing the right sort of educational work, should teach the family to care for the patient and to provide the few articles necessary for doing this. Your second question is thus answered as well.

3. *Uniforms*—Regarding the uniform for a tuberculosis nurse, I feel again very strongly that she should not wear one in the district when visiting patients. Our follow-up work should be done with the least possible blare of trumpets. Anything which calls the attention of the neighbors to the fact that the individual patient is being visited by a nurse should be avoided. I have seen and heard too much regarding the evil results of "phthisiophobia" following the exploitation of the fact that a certain family was harboring a case of tuberculosis. Of course in the clinic the nurse should wear a washable uniform, or at the least, a washable gown which would cover her street dress entirely.

I am willing to admit that I know only conditions as they are here in New York. It is perfectly possible that in a small community, where conditions differ greatly from those here, that an entirely different course of procedure might be necessary.

BY ELLEN N. LA MOTTE

Superintendent Tuberculosis Division, Health Department,  
of Baltimore.

1. *Bags*—My ideas of bags are rather elastic. The supplies to be carried are so heavy, that it is impossible to get a light bag strong enough to carry them. I don't consider our nurse's bag at all satisfactory, yet it is the best we can do under the circumstances. We have a bag made to order, on the model of a Boston bag. Ours are 14 inches long, 6 inches wide, and about 9 inches high. They are of strong black leather, and after two years and nine months of constant use, the first one has yet to be repaired. Un-

stocked the bag weighs  $2\frac{3}{4}$  pounds. This is perhaps too heavy, but a bag made of lighter leather would not be strong enough to carry the heavy supplies that the nurses are obliged to distribute.

2. *Equipment*—The equipment is of two sorts, that which is given out to the patients and that which is used in connection with them. Of the first, we carry fillers, three or four tin cups; a roll of handkerchiefs, two or three waterproof pockets, two or three bottles of disinfectant, books of information. Of the second class, we carry: bottle of alcohol, talcum powder, gauze, adhesive strapping, thermometer, apron. The nurses also carry in their bags their address books, and memorandum books, etc. We take the scantest possible supply of nursing appliances, since the bags when loaded are so heavy that it is necessary to lighten them in every possible way.

3. *Uniforms*—We believe that a uniform is absolutely necessary. In the first place, it is a sanitary dress. Nursing tuberculosis patients must be done in a dress that can be washed every week, or oftener, and if a dress of washable material is necessary, then they should be of uniform design. A staff of nurses, each one clothed according to her fancy, would be too haphazard in appearance to suggest anything but haphazard standards, and methods of work. The nature of the work demands dresses of washable material; the appearance and dignity of the service demands that these dresses be uniform.

That uniform is also a protection to the nurse, whose work takes her into many localities where it is important that she be decognized. The uniform is also of educational value to the community, who are thus made aware of an infectious disease in their midst. The patients who object to the uniform are so few in number (about 65 out of a visiting list of 2,400) that we do not feel that their objections are valid, since it is the supervision they object to, rather than the appearance of the nurse.

## The Value of Record Keeping

By ELLEN N. LA MOTTE, R. N.

Superintendent Tuberculosis Division, Baltimore  
Health Department.

In doing any piece of work it becomes necessary from time to time to stop, look backwards and see what has been accomplished. There is only one way to look back, and that is to look over the records of things that have been done; to sort them out, classify them, and in this way correct vague impressions by the clear light of actual fact. Very often the facts brought to light in this manner are totally at variance with the impressions received. Those who are in close touch with their work, who are on the firing line, often have little or no perspective, and in order to get this perspective it is necessary to step back and re-view the field. That is, it is necessary if one is to continue the work in an intelligent and effective manner. There is but one way to acquire this perspective, this collection of facts, and that is by means of careful and adequate record keeping. From careful records may be compiled statistics of inestimable value, which may shed a flood of light upon certain sociological questions, and so clear and guide the way to more direct and efficient action. Without this information we cannot proceed. Or else, we may proceed hesitatingly, indirectly, uncertainly, treading over again ground which has been already covered, and making the mistakes already made by some one else.

The need of accurate sociological statistics is greatly felt in all public work. For example, in dealing with the question of tuberculosis, we have very definite information concerning the clinical and pathological sides of the question, which facts have been collected from accurate dispensary, hospital and laboratory records. The opportunities for collecting equally valuable data along the socio-

logical side are extensive, and should be eagerly followed by every association or organization engaged in tuberculosis work. Not only in tuberculosis, however, but in every form of public health work is this valuable opportunity for collecting data open to the visiting nurse. Much of this material is only accessible to the nurse; day by day her work brings her in contact with conditions, with certain phases of existence, which she alone has the opportunity to observe. This information is needed by the public; and to collect, tabulate and publish it is perhaps the greatest piece of work that the nurse has in her power to accomplish. To collect facts, and by them to dispel or confirm existing impressions, or to create a totally new point of view, is the most valuable contribution to society that the public health nurse is able to make. It means more to the community in the end than the giving of a hundred typhoid sponges; than dressing a hundred small wounds and infections; more in fact than all the palliative and remedial relief that she is able to give. Yet how few nurses realize this, and how many of them object to keeping even the most rudimentary records, or doing clerical work of any sort or kind! And, worse still, how few visiting nursing associations realize the importance of this sort of work, or lay any stress upon it or consider it of any value whatever! Thus we see Boards of Directors, and the nurses also content to plod along in the same old way, administering the same placid aid, receiving the same sentimental satisfaction from it all, and studiously avoiding the collection of such statistics as would be of real and vital service in preventive work.

It has been said that the nurse is the logical gatherer of statistics. But after all, why should she be? Nurses are not clerks. They are not trained in clerical work, and to most of them clerical work comes hard. They are too near their patients, too much interested in the patient's recovery and welfare to observe the things that placed them where they are. They are too near their work to get any perspective, therefore they object to keeping records, to doing that



which seems to them unnecessary work. It is easy enough to see and to understand this point of view. The physical effort of the day's work is sufficient in itself, and one more straw will break the camel's back.

And the Boards of Directors, themselves blind as to the importance of this work, come forward with a sincere desire to spare the nurse any further work at the close of her long day. Thus the world loses much that it should know—much that it should have known long ere this. Small wonder is it that those who know the great value of statistics should point to the nurse as a poor social worker. An excellent machine, of course, and of real worth from a mechanical and remedial point of view, but an uninterested and inefficient person when it comes to investigating the causes of things. And all the more exasperating because of her unrivalled opportunities for learning things, for finding out, for gathering facts and for giving these facts wide publicity. Truly it is no wonder that we turn with relief to the special investigator, who (often with extreme difficulty) is able to get information which the visiting nurse had full and free access to, but which she had failed to recognize as important to note and record.

While one cannot but regret that this is true, one can see the reasons for it. The time has now come, however, when this must be changed. The visiting nurse must not only be the *logical* gatherer of statistics, she must actually gather them. She need become no less valuable to her patients, from a purely nursing point of view, but she must contribute more to the welfare of humanity than she is doing at present. Her contributions to our knowledge of sociological conditions must be made, not by adding to her daily burden, but by decreasing it. Record keeping is no easy process, and it takes time. One association that we know of has a chart which takes forty minutes to fill out, so exhaustive are the questions, and so extensive is the amount of information desired. This may seem unnecessarily long, but after all, what a gold mine of sociological

data will these charts contain! How valuable will they become, both as to general and local conditions! They are worth while. The nurses fill out these charts, and they fill them out accurately and carefully, and with pleasure. But in order to get them done, it has been necessary to increase the staff of nurses, to cut down the size of the district allotted to each nurse, and to see that this increased work, so necessary to the community, is not done at the expense of the nurses themselves.

When an association recognizes the need of work of this sort, it will be done. The nurses themselves, the field workers, have been too hard worked to realize the full significance of these statistics, therefore they were not interested in getting them. The directors of associations did not realize the importance of statistics of this kind, therefore they did not insist upon them, nor did they wish to add to the nurse's day. But that this sort of work must be included in the day's work is a fact which all associations are beginning to recognize, and it will mean that the associations will make this getting together of statistics a possibility. Just as nurse after nurse is added to a staff as the nursing work demands it, so will they be added to the staff when the statistical work demands it. And from time to time the facts thus gathered by an intelligently interested staff of nurses, will be classified, sorted out, and their meaning interpreted for the benefit of the community. This classification and deduction will not of course, be made by the nurses themselves; it will probably be done by the superintendent of nurses, or possibly by the directors of the association. It matters not who interprets it, or who gives it to the public—it is from the careful records of the nurse that this great contribution must be made, and to the nurse who is working for the public health that we should look for facts upon which to base our conclusions.

## District Nursing in Westchester County, New York

BY ONE OF THE NURSES.

The District Nursing Association of Northern Westchester County, New York, began its existence as an outgrowth of the local Red Cross work during the Spanish-American War. A graduate of the Johns Hopkins Training School. Miss Ellen Morris Wood, had since her graduation in 1896, devoted herself to the relief of the sick in the vicinity of her home at Mt. Kisco. She volunteered for war service and spent several months in charge of the nurses at Fort Hamilton, N. Y. Upon the completion of her duties there she resumed her work at Mt. Kisco, though her health had suffered from the responsibilities laid upon her. While on an ocean voyage in order to recuperate her health, she contracted typhoid fever, and died at Copenhagen, Denmark, soon after her arrival there.

Her work proved itself of such value to the community, that in her memory it is still carried on. The society also inherits the work and traditions of the old Bedford Charitable Society, founded in 1816, the descendants of whose members still minister to the sick and the needy with the help of trained nurses, who were unknown in those days. The automobile and the railroad have superseded the old stage coach over the Westchester hill and along the winding rivers, but the hearts and hands of the women of Westchester County are the same as of old, ready to render assistance and care to the needy and sick of our community. The first nurse was stationed at Mt. Kisco, and worked in all the villages from Brewster, in Putnam County, to White Plains; now this district is divided into four, with nurses at Katonah, Mt. Kisco, Chappaqua and Pleasantville.

In 1908 the Putnam Valley District was opened up with a sub-committee and in the latter part of the year a nurse was found. Several new districts are about to be opened, along the Hudson River between Croton and Peekskill, and at Lake Mahopac and Baldwin's Place. The Association will also assist in starting work in the village of Carmel.

In all about 40 villages and hamlets are covered by the nurses' work, reached by train, automobile, horse conveyance or on foot. On a recent visit the writer was conveyed to the patient by a milk wagon, and returned in an automobile. Sometimes it is a hurry call at night to go over the mountains with the doctor, at breakneck speed, over a rocky road and a bridge almost covered with water, to a roadside unlicensed resort, frequented by aqueduct laborers, where a man has had his skull broken in a bar-room fight. After patching him up we go on three miles further in the pouring rain to an Italian settlement on the hills where poor Magdalena lies with her dead baby and an older living one by her side. The Italian midwife had been there earlier in the day, with puerperal infection in her finger tips and we had to do the after work. Tony, the husband, had gone to bed upstairs (after cautiously locking the room door where the poor wife lay), and was with difficulty aroused, although a couple of hours before he had sent for the doctor. Sometimes it is to a prosperous farm house the nurse goes, where the house-mother has been stricken down, or there has been a bad accident in the fields. She remains perhaps for several hours, or until a permanent nurse can be secured from the city.

There are many chronic cases to be regularly visited and many poor shut-ins, both old and young. The school work also demands the nurses' attention. In one village a contribution is made to the association funds by the School Board, but in most places the work is purely honorary and voluntary. The homes of the children are

visited, advice given, and sometimes they are taken by the nurse to a New York hospital for an adenoid or tonsil operation. For patients requiring special operations we have the use of eight endowed beds in New York hospitals. A loan closet is kept well supplied in each district, and a small fee is given for the use of the articles which helps towards renewals. Special nurses are employed where needed, and all patients are expected to pay for the services of the nurses as their means permit.

The nurses meet once a month at Mt. Kisco with the Central Committee for the discussion of problems, etc. No other society is near to turn the case over to for relief, or where there is a drunken husband, or a defective or delinquent child; the association must work it out for itself, in some cases getting a little assistance from some state institution. The nurse in time becomes a trained social worker, a school nurse, a tuberculosis nurse, a sanitary inspector, a probation officer, a domestic educator and a public speaker—as well as a house-keeper and hostler.

Surely the maiden aunt of the country village finds enough to do!

The District Nursing Association of Northern Westchester County has been requested by the National Red Cross Society to undertake the training of the nurses for the rural work about to be undertaken by it. A pupil will be trained under each nurse, and for lectures they will go once a week to Teachers' College and the School of Philanthropy.

## News Notes

**The National Organization for Public Health Nursing** wishes to announce that the privilege of charter membership has been extended until the first of January, 1913. It is hoped that all who are considering joining the new organization will avail themselves of this privilege, and send in their names and member dues as early as possible to Mrs. R. L. Ireland, chairman of the Finance Committee, Lake Shore Boulevard, Cleveland, O.

**The National Organization** is also desirous of securing at an early date a thoroughly qualified person for the office of Executive Secretary. A special committee, consisting of Miss Mary S. Gardner, 55 Eddy street, Providence, R. I., and Miss Matilda Johnson, 612 St. Clair avenue, Cleveland, O., has been appointed to consider nominations for the same.

**The American Nurses' Association** is preparing a calendar for 1913, to be sold for the benefit of the Nurses' Relief Fund. The object of this fund is to provide financial aid and other relief in time of need. The month of February has been devoted to Public Health Nursing and each day has an appropriate quotation, some of which are very beautiful. It is most desirable that this calendar should be placed within reach of the greatest number of nurses possible, and in order to do this we solicit the aid of all readers of the *Quarterly* in its sale. The superintendents of training schools, the officers of nursing organizations and all nurses who are in touch with many people are in a position to render most effectual assistance in giving publicity both in regard to the calendar and its object. The calendar, which is suitable for the general public as well as for nurses, will be ready

for distribution by November 10th, price 50 cents. Information regarding points of distribution in your state may be obtained from the November and December Journals, or from Miss L. A. Giberson, 1520 Arch street, Philadelphia, Pa.

**The Ohio Society for the Prevention of Tuberculosis** has issued the first annual report of its treasurer, showing \$7,240.30 received and \$7,045.57 disbursed, with a balance of \$193.73 on hand. Its largest items of expense were \$3,710 for salaries and wages; \$633.10 for traveling expenses; and \$581.69 for stationery and printing. Its largest sources of revenue were \$4,400 from Red Cross Seal Fund; \$1,000 loan from Red Cross Seal Fund, and \$500 from the Cincinnati Anti-tuberculosis League.

**Open Air Schools for Tuberculous and Anaemic Children.** With the opening of the fall school term, over 200 open air schools and fresh air classes for tuberculous and anaemic children will be in operation in various parts of the United States, according to a statement published by The National Association for the Study and Prevention of Tuberculosis. All of these schools, the association says, have been established since January, 1907, when the first institution of this character was opened in Providence, R. I. On January 1, 1910, there were only 13 open air schools in this country and a year later the number had increased only to 29. Thus, the real growth in this movement has been within the last two years. Massachusetts now leads the states with 86 fresh air schools and classes for tuberculous, anaemic and other children, Boston alone having over eighty. New York comes next with 29, and Ohio is third with 21. Open air schools have now been established in nearly 50 cities in 19 different states. The National Association estimates that there should be one such school for every 25,000 population, especially in cities.

**The Third Annual Meeting of the American Association for the Study and Prevention of Infant Mortality** was held in Cleveland, October 2-5. The section on Nursing and Social Work (the full program of which follows) was of especial interest to all nurses engaged in public health nursing, and we are particularly glad to call the attention of our readers to Dr. Lowman's address which we print in another part of the Quarterly.

### NURSING AND SOCIAL WORK

#### *Chairman*

Miss M. Adelaide Nutting, Director, Department of Nursing and Health, Teachers' College, Columbia University, N. Y.

#### *Acting Chairman*

Miss Edna L. Foley, Superintendent of the Visiting Nurse Association, Chicago.

#### *Secretary*

Miss Ella Phillips Crandall, Instructor, Department of Nursing and Health, Teachers' College, Columbia University, New York.

#### (1) The Public School Nurses and the Infant Mortality Problem.

Dr. John Lowman, President Anti-Tuberculosis League, Cleveland.

In many of our large cities, as well as in our country school districts, infants of less than two years of age are left to the tender mercies of their little brothers and sisters with frequently very disastrous results. This is obviously a problem of the public school nurses and by means of Little Mothers' clubs and classes, many of them are meeting it most successfully.

#### (2) The Pre-Natal Work of the St. Louis Visiting Nurse Association

Miss Margaret McClure, Superintendent of Nurses.

The St. Louis Visiting Nurse Association has done work during the past year for five hundred and seventy-two maternity cases, working out carefully a scheme of



1. Co-operation with other agencies.
2. Educational work in the home.
3. Relation to physicians.
4. Relief work.
5. Classification of results.

(3) Caroline Rest and School for Mothers. New York Association for Improving the Condition of the Poor

Miss F. Freese, R. N., Hartsdale, N. Y.

The education of mothers. Bodies of social and educational workers doing this work. Detailed outline of the work as done at the Caroline Rest and School for Mothers. Necessity of parental care to prepare the way for the work of the school. Need of careful and thorough follow-up work. The right material for such schools. General outline of the work of two English schools. How the work can be combined with the work of

Day Nurseries,

Milk Stations,

Mothers' Clubs,

Aids in teaching—charts, pictures and demonstrations.

(4) What the Day Nursery can do in Special Work for Mothers and Children

Miss Myrn Brockett, United Charities, Chicago.

The original object of the day nursery was to give daytime care to the child of the mother who is compelled to work outside her home. Thus the function was conceived to be

- I. Proper physical care of the child. This has broadened into a wider conception which includes the training of the child in proper habits of eating, sleeping, play, etc., and his further education in kindergarten, clubs, and classes.
- II. Relief to the mother through this care and training of the child. Today this is still the most widely recognized function of the day nursery. But it is also awakening to its broader.
- III. Educational opportunity.

- A. The activities involved in the care and training of the young child in the home environment afford fitting material for the education of children and women along those lines which are fundamental and essential to them as mothers and home makers.

This educational material is good because

- (1) It is the doing of real things.
- (2) Under normal environment.
- (3) Strongly involving the personal interest of student.
- (4) The results of the activities, whether good or bad, find natural tests in further activities.
- (5) Much of the knowledge thus gained finds almost immediate application in the home.

- B. The nursery corps of workers, the doctors, nurse, social worker and household economist, are suitable interpreters of the material to the students.

- C. The training is particularly adapted to the needs of

- (1) The older nursery child who helps in the work involved in his own care and the care of the younger children—i. e., baths, dressing, table serving, etc.

- (2) The young girl.

These activities give opportunity for the expression of her spirit of play, as also to her maternal and home making instincts; moreover nursery children furnish appreciative but harmless audience for her charms which she is beginning to realize.

- (3) The expectant mother.

- (4) The young mother.

- (5) The immigrant mother finds material, part of which she understands and which therefore forms a fitting basis for adjustment to new conditions.

- D. This training should count not only in physical and character development, in wiser motherhood and better homes, but in greater industrial efficiency and hence, earning capacity.

Should this educational opportunity be limited to those who are compelled to work outside the home, or should they be "Children's Houses" open to all who are in special need of the opportunity thus offered?





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# THE Visiting Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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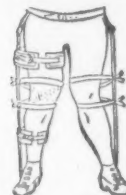
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